|   |  |   |                      |   |                  |                 | Application or Docket Number |                        |            |                           |                        |  |
|---|--|---|----------------------|---|------------------|-----------------|------------------------------|------------------------|------------|---------------------------|------------------------|--|
|   | PATENT A                                       | ION RECOR                                 | iD                   |   | <u> </u>         | 6               | 619                          | 86                     |            |                           |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                      |   |                  |                 | SMALL ENTITY TYPE            |                        |            | OTHER THAN R SMALL ENTITY |                        |  |
| FC  | OR   | NUM                                       | NUMBER FILED NUM     |   | EXTRA            | RAT             | Έ                            | FEE                    | 7          | RATE                      | FEE                    |  |
| ВА  | ASIC FEE                                       |   |                      |   |                  |                 |                              | 345.00                 | OR         |                           | 690.00                 |  |
| TC  | OTAL CLAIMS                                    |   | minus 20= *          |   |                  | X\$ 9           | 9=                           |                        | OR         | X\$18=                    | /                      |  |
| _   | DEPENDENT CL                                   |   | 3 minus              | 3 = *                                       |                  | X39             | )=                           |                        | OR         | X78=                      | /                      |  |
| MU  | JLTIPLE DEPEN                                  | IDENT CLAIM                               | PRESENT              |   |                  | +130            | )=<br>                       |                        | OR         | +260=                     | /                      |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                      |   |                  | TOTA            |                              |                        | OR         | TOTAL                     | 101                    |  |
|   | C  | LAIMS AS                                  | AMENDED              | ) - PART II                                 |                  | • • .           | ``_ L                        |                        | <b>」</b> ○ | OTHER                     | THAN                   |  |
| <u> </u>  |  | (Column 1)                                |                      | (Column 2)                                  | (Column 3)       | SMA             | LLE                          | NTITY                  | OR         | SMALL                     | ENTITY                 |  |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |                      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RAT             | E                            | ADDI-<br>TIONAL<br>FEE |            | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
| NDN   | Total  | -24                                       | Minus                | 20  | = 4              | X\$ 9           | )=                           |                        | OR         | X\$18=                    | 60.G                   |  |
| AME   | Independent FIRST PRESE                        | * 4                                       | Minus                | PENDENT CLAIM                               | =                | X39:            | = [                          |                        | OR         | XZ8=                      | 84.00                  |  |
|   | FIRST PRESE                                    | NIAHON O                                  | MULTIPLE DE          | ZENDENI OLZINI                              |                  | +130            | )=                           |                        | OR         | +260=                     |                        |  |
|   | -  |   |                      |   |                  | TO'             |                              |                        |            | TOTAL<br>ADDIT. FEE       |                        |  |
|   |  | (Column 3)                                | ADDIT. FEEADDIT. FEE |   |                  |                 |                              |                        |            |                           |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATI            |                              | ADDI-<br>TIONAL<br>FEE |            | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
| NON   | Total  | . 24                                      | Minus                | 24  | = 0              | X\$ 9           | =                            | /                      | OR         | X\$18=                    | 0                      |  |
| AME   | Independent FIRST PRESE                        | • A                                       | Minus MULTIPLE DEF   | PENDENT CLAIM                               | = 0              | X39=            | = [                          |                        | OR         | X78=                      | 0                      |  |
|   | FINOTTILLE                                     | WATOR                                     | MOLTIFEL DE.         | PENDENT OLDAN.                              |                  | +130            |                              |                        | OR         | +260=                     | 0                      |  |
|   |  |   |                      |   |                  | TOT<br>ADDIT. F |                              |                        | OR ,       | TOTAL<br>ADDIT. FEE       | 0                      |  |
| <u> </u>  | T  | (Column 1)                                | )                    | (Column 2)                                  | (Column 3)       |                 |                              | -                      | _          | ·                         |                        |  |
| AMENDMENT C   | o  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | المتحدد والمالية     | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE            |                              | ADDI-<br>FEE           |            | RATE                      | ADDI-<br>TIONAL<br>FEE |  |
| NON   | Total  | .22                                       | Minus                | 24  | =                | X\$ 9=          | =                            |                        | OR         | X\$18=                    |                        |  |
| AME   | Independent                                    | ATTATION OF                               | Minus                | PENDENT CLAIM                               | =                | X39=            |                              |                        | OR         | X78=                      |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                      |   |                  | +130=           | $\top$                       |                        |            |                           |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                      |   |                  |                 |                              |                        | OR         | +260=<br>TOTAL            |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                      |   |                  |                 |                              |                        |            |                           |                        |  |